

<p style="text-align: center;"><b>CHANGE OF CORRESPONDENCE ADDRESS Application</b></p> <p>Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Application Number</td> <td style="padding: 2px;">10/665,067</td> </tr> <tr> <td style="padding: 2px;">Filing Date</td> <td style="padding: 2px;">September 17, 2003</td> </tr> <tr> <td style="padding: 2px;">First Named Inventor</td> <td style="padding: 2px;">Jose I. Suarez</td> </tr> <tr> <td style="padding: 2px;">Art Unit</td> <td style="padding: 2px;">2624</td> </tr> <tr> <td style="padding: 2px;">Examiner Name</td> <td style="padding: 2px;">Utpal D. Shah</td> </tr> <tr> <td style="padding: 2px;">Attorney Docket Number</td> <td style="padding: 2px;">CM03347JD01</td> </tr> </table>	Application Number	10/665,067	Filing Date	September 17, 2003	First Named Inventor	Jose I. Suarez	Art Unit	2624	Examiner Name	Utpal D. Shah	Attorney Docket Number	CM03347JD01
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First Named Inventor	Jose I. Suarez												
Art Unit	2624												
Examiner Name	Utpal D. Shah												
Attorney Docket Number	CM03347JD01												

Please change the Correspondence Address for the above-identified application to:

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**OR**

☐ Firm or Individual Name Motorola, Inc.

Address 8000 West Sunrise Boulevard

Address Law Department - MD 1610

City Plantation

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Country United States

Telephone 954-723-6449 Fax 954-723-3871

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I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ Attorney or agent of record. Registration Number: 39,505

☐ Registered practitioner named in the application transmittal letter in an Application without an executed oath or declaration. See 37 CFR 1.33 (a)(1).  
Registration Number \_\_\_\_\_

Signature /Barbara R. Doutre/

Typed or Printed Name Barbara R. Doutre

Date August 17, 2006 Telephone 954-723-6449

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of 2 forms are submitted.